

(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: **0000043459** Submit Date: **2018-02-23** FRN: **8261745**

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/23/2018

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0008261745	Sunrise Communications Inc	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3534 S 48th St Ste 6	Lincoln	NE	68506	+1 (402) 474- 5086	gm@kzum. org

2. Contact Representative

Name	Organization
Kerry Semrad	Sunrise Communications Inc

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
3534 S 48th St Ste 6	Lincoln	NE	68506	+1 (402) 474-5086	gm@kzum.org

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits	mits Licensee		
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?		No	

(b) Provide the following information about this report: Purpose Biennial 10/01/2017 When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s) and Station(s)

Licensee/Permittee Name	FRN
Sunrise Communications Inc	0008261745

Fac. ID No.	Call Sign	City	State	Service
63955	KZUM	LINCOLN	NE	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Not Applicable.

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information				
FRN	0008261745			
Entity Name	Sunrise Communications Inc	Sunrise Communications Inc		
Address	PO Box			
	Street 1	3534 S 48th St		
	Street 2 Ste 6 City Lincoln			
	State ("NA" if non-U.S. address)	NE		
	Zip/Postal Code	68506		
	Country (if non-U.S. United States address)			
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			

Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information				
FRN	0027268838			
Name	Schuyler Geery-Zink			
Address	РО Вох			
	Street 1	3760 F St		
	Street 2			
	City	Lincoln		
	State ("NA" if non-U.S. address)	NE		
	Zip/Postal Code	68503		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Member of Governing Board	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Law Student			
By Whom Appointed or Elected	Board of Directors			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	9.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a	an attributable interest in one ore	r more broadcast stations	No	

Ownership Information		
FRN 0027268861		
Name	Kacey C. Nelkin Pedersen	

Address	РО Вох			
	Street 1	5120 Union Hill Rd.		
	Street 2			
	City	Lincoln		
	State ("NA" if non-U.S. address)	NE		
	Zip/Postal Code	68516		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Member of Governing Board (Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Research Administration	Research Administration		
By Whom Appointed or Elected	Board of Directors			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	9.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information			
FRN	0027268853		
Name	Deborrah Higuchi		
Address	PO Box		
	Street 1 2450 Adams Street Ashland NE 68003		
	Street 2		
	City Ashland		
	State ("NA" if non-U.S. NE address)		
	Zip/Postal Code 68003		
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		

Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Research Scientist		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Asian	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No	

Ownership Information				
FRN	0027268887			
Name	Kyle R. Gibson			
Address	РО Вох			
	Street 1	227 N 9th St		
	Street 2	#302		
	City	Lincoln		
	State ("NA" if non-U.S. address)	NE		
	Zip/Postal Code	68508		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Professor Administrator	Professor Administrator		
By Whom Appointed or Elected	Board of Directors	Board of Directors		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting 9.1%			
(enter percentage values				

from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information				
FRN	0027270479			
Name	Nicholaus Svoboda			
Address	РО Вох			
	Street 1	1419 Garfield St		
	Street 2			
	City	Lincoln		
	State ("NA" if non-U.S. address)	NE		
	Zip/Postal Code	68502		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Carpenter			
By Whom Appointed or Elected	Board of Directors			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	9.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations No		

Ownership Information			
FRN	0027268804	0027268804	
Name	Matthew G. Lehnert	Matthew G. Lehnert	
Address	РО Вох	PO Box Street 1 2918 OMalley Cir	
	Street 1		

	Street 2			
	City	Lincoln		
	State ("NA" if non-U.S. address)	NE		
	Zip/Postal Code	68516		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer	Officer		
Principal Profession or Occupation	Finance Manager			
By Whom Appointed or Elected	Board of Directors			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	9.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No	

Ownership Information			
FRN	0027272103		
Name	Jeremiah Moore		
Address	РО Вох		
	Street 1	3015 south 46th	
	Street 2 City Lincoln		
	State ("NA" if non-U.S. NE address)		
	Zip/Postal Code	68506	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		

Principal Profession or Occupation	Consultant		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No	

Ownership Information			
FRN	0027272160		
Name	Marthaellen Florence		
Address	PO Box		
	Street 1	2216 S. 13th	
	Street 2		
	City	Lincoln	
	State ("NA" if non-U.S. address)	NE	
	Zip/Postal Code	68502	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Television	Television	
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
		'	

	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have ar that do not appear on this re	attributable interest in one or port?	more broadcast stations	Yes

Ownership Information				
FRN	0027272673			
Name	Mark Turner			
Address	РО Вох			
	Street 1	5131 Myrtle St.		
	Street 2			
	City	Lincoln		
	State ("NA" if non-U.S. address)	NE		
	Zip/Postal Code	68506		
	Country (if non-U.S. address)	United States	United States	
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	Software Development			
By Whom Appointed or Elected	Board of Directors	Board of Directors		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	9.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a	an attributable interest in one o	r more broadcast stations	No	

Ownership Information		
FRN	0027272830	
Name	Anthony M. Rager	
Address	РО Вох	
	Street 1	5224 W Chadderton Circle
	Street 2	

	City	Lincoln	
	State ("NA" if non-U.S. address)	NE	
	Zip/Postal Code	68521	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Human Resource Diector		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No

Ownership Information			
FRN	0027277490		
Name	Kerry Semrad		
Address	РО Вох		
	Street 1	1029 S 37th St	
	Street 2		
	City	Lincoln	
	State ("NA" if non-U.S. address)	NE	
	Zip/Postal Code	68510	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	General Manager		

By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations No	

Ownership Information		
FRN	0027271923	
Name	Renae E. Ninneman	
Address	PO Box	
	Street 1	901 N 58th St
	Street 2	
	City	Lincoln
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	68510
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Nonprofit	
By Whom Appointed or Elected	В	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	9.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

File Name	Uploaded By	Attachment Type	Description
BOD 3.pdf	Applicant	Ownership Chart	

Section III - Certification

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: General Manager Exact Legal Title or Name of Respondent: General Manager Name: Kerry Semrad Phone: 4024745086 02/23/2018